MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2	1					
3		1				
4		1				
5		1	7			
6		1				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		6				
15		6				
16		6	44			
17		6				
18		6				
19		6				
20		6				
21		6				
22		6				
23		6				
24		6				
25		6	36			
26		6				
27	1					
28	1					
29	1					
30	1					
31		1				
32	1					
33		4				
34		4				
35		4	33			
36		4				
37		4				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4	40			
46		4				
47		4				
48		4				
49		4				
50		4				
TOTAL IND.	9					
TOTAL DEP.	160					
TOTAL CLAIMS						

	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51		4				
52		4				
53		4				
54		4				
55		4	40			
56		4				
57		4				
58		4				
59		4				
60		4				
61		4				
62		4				
63		4				
64		4				
65	1					
66		1	18			
67	1					
68		1				
69	1					
70	1					
71	1					
72		4				
73	1					
74		6				
75		6				
76		6	38			
77		4				
78		4				
79		4				
80		4				
81	1					
82		4				
83		4				
84		4				
85		4	39			
86		4				
87		4				
88		4				
89		4				
90		6				
91		6				
92		6				
93		6				
94		6				
95		6	60			
96		6				
97		6				
98		6				
99		6				
200		6				
TOTAL IND.	6					
TOTAL DEP.	195					
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201						
2						
3						
4			7			
5						
6						
7						
8						
9	1					
10						
11						
12	1					
13						
14						
15						
16		4	22			
17		4				
18		4				
19		4				
20		4				
21		4				
22		4				
23		6				
24		6				
25		6				
26		6	54			
27		6				
28		6				
29		6				
30		4				
31		1				
32		1				
33		1				
34		1				
35		1	12			
36		1				
37		1				
38		3				
39		1				
40		1				
241	1					
42		1				
43		1				
44		1				
45		1	9			
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	1.04					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
253	1		5			
54						
55		1				
56		1				
57	1					
258	1					
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
300						
TOTAL IND.	3					
TOTAL DEP.	5					
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I					
2		I				
3						
4			9			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	I					
15			8			
16						
17						
18						
19	I					
20						
21						
22						
23						
24						
25						
26			15			
27						
28	I					
29		4				
30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		4	40			
37		4				
38		4				
39		4				
40		4				
41		4				
42	I					
43	I					
44	I					
45			17			
46	I					
47		3				
48		3				
49		3				
50		3				
TOTAL IND.	8	←		←		←
TOTAL DEP.	89	←		←		←
TOTAL CLAIMS						

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51			3				
52			3				
53			3				
54			3				
55			3	30			
56			3				
57			3				
58			3				
59			3				
60			3				
61			3				
62			3				
63			3				
64			3				
65			3				
66			3	30			
67			3				
68			3				
69			3				
70			3				
71			3				
72			3				
73			3				
74			3				
75			3	27			
76			3				
77			3				
78			3				
79			3				
80		I					
81							
82							
83							
84							
85							
86				10			
87							
88							
89							
90							
91							
92							
93							
94							
95							
96			I	9			
97		I					
98							
99							
100							
TOTAL IND.	2	←		←		←	
TOTAL DEP.	106	←		←		←	
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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